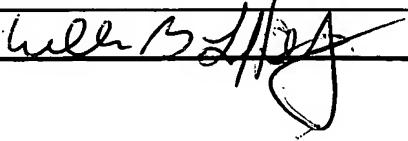


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| UTILITY PATENT APPLICATION TRANSMITTAL | | Attorney Docket No. | A-9215 |
| | | First Inventor or Application No. | HAMMETT |
| | | Title | STIGMERGIC SENSOR SECURITY SYSTEM |
| <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i> | | Express Mail Label No. | EV447394037US |

| | | | |
|--|-----------|---|--|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents | | ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 15]</p> <p>3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets 4]</p> <p>4. Oath or Declaration [Total Pages 3]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> <u>DELETION OF INVENTORS</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)</p> | | <p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> | |
| ACCOMPANYING APPLICATION PARTS | | | |
| <p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other:</p> | | | |
| <p>16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No:</p> <p>Prior application information: Examiner: Group Art Unit:</p> | | | |
| 17. CORRESPONDENCE ADDRESS | | | |
| <p><input checked="" type="checkbox"/> Customer Number or Bar Code 05642</p> | | <p>or <input type="checkbox"/> Correspondence address below</p> | |
| Name | | | |
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| | | | |
|-------------------|---|-----------------------------------|---------------------|
| Name (Print/type) | WM. BROOK LAFFERTY | Registration No. (Attorney/Agent) | 39,259 |
| Signature |  | | Date APRIL 22, 2004 |

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: HAMMETT
DOCKET NO.: A-9215
TITLE: STIGMERGIC SENSOR SECURITY SYSTEM

APRIL 22, 2004

FEE TRANSMITTAL FORM

Mail Stop PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

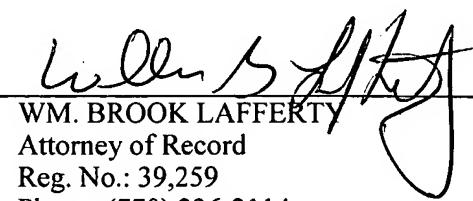
The fee is calculated as shown below.

| | No. of Claims Filed | No. of Claims Paid For | No. of Extra Claims | Rate | Fee |
|---------------------------|---------------------|------------------------|---------------------|----------|----------|
| Independent Claims | 2 | 3 | 0 | \$ 86.00 | \$000.00 |
| Total Claims | 32 | 20 | 12 | \$ 18.00 | \$216.00 |
| Multiple Dependent Claims | | | | \$290.00 | \$000.00 |
| Basic Filing Fee | | | | \$770.00 | \$770.00 |
| Total Filing Fee | | | | | \$986.00 |

One duplicate original of this sheet is enclosed.

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By: 
WM. BROOK LAFFERTY
Attorney of Record
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on APRIL 22, 2004.


Maryellen Licker